

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

# UNITED STATES DISTRICT COURT

for the

Southern District of New York

MR. BRANDON GRIFFITH

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

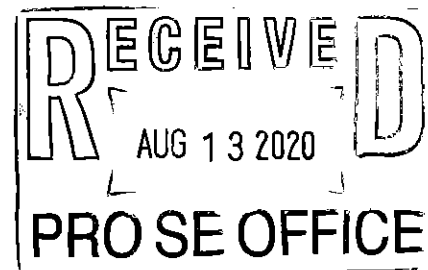
Clarkstown Police Dept.,  
P.O. Papenmeyer Badge #508,  
AMKC RIKERS ISLAND,  
Deputy Warden Foo, Harts Island  
Dr. Jane Doe

John Doe, Sgt Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)



## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<b>Mr. Brandon Griffith</b>		
All other names by which you have been known:			
ID Number	<b>#18-B-2559</b>		
Current Institution	<b>Auburn Correctional Facility</b>		
Address	<b>P.O. Box 618</b>		
	<b>Auburn</b>	<b>N.Y.</b>	<b>13024</b>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	<b>Clarkstown Polliice Department</b>		
Job or Title ( <i>if known</i> )			
Shield Number			
Employer	<b>Clarkstown Police Department</b>		
Address	<b>20 Maple Avenue</b>		
	<b>New City</b>	<b>N.Y.</b>	<b>10956</b>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

☒ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name	<b>P.O. PAPENMEYER</b>		
Job or Title ( <i>if known</i> )	<b>POLICE OFFICER</b>		
Shield Number	<b>508</b>		
Employer	<b>Clarkstown police department</b>		
Address	<b>20 Maple Avenue</b>		
	<b>New City</b>	<b>N.Y.</b>	<b>10956</b>
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

☒ Individual capacity ☒ Official capacity

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Defendant No. 3

Name John DoeJob or Title (if known) Sgt.

Shield Number \_\_\_\_\_

Employer Clarkstown Police DepartmentAddress 20 Maple AvenueNew City

City

N.Y.

State

10956

Zip Code

☒ Individual capacity☒ Official capacity

Defendant No. 4

Name AMKC Harts Island

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer N.Y.C. Department of CorrectionsAddress 19-18 Hazen StreetEast Elmhurst

City

N.Y.

State

11370

Zip Code

☐ Individual capacity☒ Official capacity**(See attached sheet for additional defendants)****II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

**False arrest, illegal strip frisk (4th Amend.) false confinement, an 8th Amend violations, 4th Amend. and 14th Amend. violations.**

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

**I. Parties to complaint**

**B. The defendants** (Defendant No. 5)

**Name:** Deputy Warden Foo

**Employer:** N.Y.C. Department of Corrections

**Address:** 18-18 Hazen Street  
East Elmhurst, N.Y. 11370

**Defendant No. 6**

**Name:** Dr. Jane Doe

**Employer:** N.Y.C. Department of Corrections

**Address:** 18-18 Hazen Street  
East Elmhurst, N.Y. 11370

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

**Defendants P.O. Papenmeyer and Sgt. John Doe acting in their official and individual capacity under color of state law violated petitioner's 4th, 8th and 14th Amendment rights; as well as the Clarkstown Police Department. Defendants Deputy Warden Foo and Dr. Jane Doe acting under color of state law violated petitioner's rights when with malice and deliberate indifference failed to provide adequate medical attention.**

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☒ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

**West Nyack, New York outside of a gas station. As well as at the Clarkstown Police Department on May 19, 2018, located in New City, N.Y. 10956 and lastly at the N.Y.C. Department of Corrections at the AMKC Harts Island, located at East Elmhurst, N.Y.**

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

**Rikers Island AMKC C-71 on May 31, 2018**

C. What date and approximate time did the events giving rise to your claim(s) occur?

May 19, 2018, May 31, 2018 approximately 6 a.m. to 10:30 a.m.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was falsely arrested and subjected to illegal strip frisk, after calling emergency services for a person I was with became unresponsive. Yet, I was placed under arrest because the woman who needed medical help had taken a relatives car without permission. The officers involved were P.O. Papermeyere and Sgt. John Doe, and Clarkstown Police Deept., and Deputy Foo and Dr. Jane Doe of Rikers Island, are responsible for failing to provide adequate medical attention when I suffered a mental breakdown resulting in my committing suicide twice while in the care of the N.Y.C. Department of Corrections at Rikers Island.

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V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I suffered a mental breakdown (crisis) and needed hospitalization. As a result of the false arrest and degrading strip frisk I was subjected to and then to be placed in Rikers Island. Once I had a mental breakdown, mental health staff should have placed me on observation and didn't.

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VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Award both compensatory and punitive damages for false arrest, illegal strip frisk, denial of adequate medical treatment for my mental breakdown.

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

**Rikers Island -AMKC C-71**  
**Harts Island**

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☒ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

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2. What did you claim in your grievance?

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3. What was the result, if any?

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

**According to N.Y.C. Department of Corrections, the claim of false arrest, illegal confinement and Strip frisks as a result of illegal arrest are non-grievable issues. As for mental health and my break down, I was told that I can not grievance mental health through the N.Y.C. Department of Corrections.**

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

**Yes, I initially complained to the Sgt. of The Clarkstown Police Department, about the illegal arrest and of my mental history. I was told to "shut the fuck up you N.....!" And just laughed. At Rikers Islaznd I told correctional Staff I have mental problems and also informed the intake nurse that I could not be in general population due to my mental history. Nothing was done to help me.**

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 6, 2020

Signature of Plaintiff



Printed Name of Plaintiff

Brandon Griffith

Prison Identification #

18B2559

Prison Address

Auburn Correctional Facility, P.O. Box 618

Auburn

*City*

N.Y?

*State*

13024

*Zip Code*

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

*City*

*State*

*Zip Code*

Telephone Number

E-mail Address

Mr. Brandon Griffith  
#18-B-2559  
Auburn Correctional Facility  
135 State Street  
P.O. Box 618  
Auburn, New York 13024

August 6, 2020

Clerk of Court  
United States District Court  
Southern District of New York  
Daniel Patrick Moynihan U.S. Courthouse  
500 Pearl Street  
New York City, N.Y. 10007-1312

Re: Griffith v. Papenmeyer et. al.

Dear Clerk of Court:

Greetings. I am an inmate incarcerated at the above listed facility and location. Please find enclosed for filing with the Court a complaint for a violation of my civil rights pursuant to 42 U.S.C. §1983.

I would appreciate it very much if you can file and docket my complaint with the appropriate Judge, that handles this type of litigation.

I anticipate being released from state custody within the next week or so. I will notify this court of my new address once I am placed on parole. Thanking you in advance for your time, assistance and consideration in this matter. Take care and be safe during these troubling times.

Sincerely yours,

  
Mr. Brandon Griffith  
Petitioner Pro Se

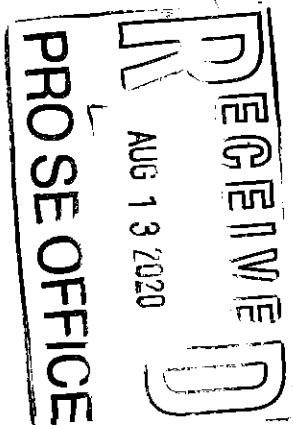
cc: file

Enc. 42 U.S.C. §1983 Complaint  
In Forma Pauperis Papers

#18-B-2559  
AUBURN CORRECTIONAL FACILITY  
135 STATE STREET  
P.O. BOX 618  
AUBURN, NEW YORK 13024



TO: CLERK OF COURT  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
DANIEL PATRICK MOYNIHAN U.S. COURTHOUSE  
500 PEARL STREET  
NEW YORK CITY, NEW YORK 10007-1312



USMP3  
SDNY

Pro Se Intake  
KY

LEGAL MAIL

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